



PTO/SB/81 (09-03)  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/812,298
Filing Date	March 29, 2004
First Named Inventor	Matthieu Guitton
Title	METHODS FOR THE TREATMENT OF TINNITUS INDUCED BY CAPULSED CYTOTOXICITY
Art Unit	
Examiner Name	
Attorney Docket Number	AUR-2001US01

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Matthieu Guitton

Signature

Date

June 19<sup>th</sup>, 2004

Telephone

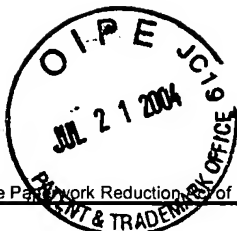
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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Application Number	10/812,298
Filing Date	March 29, 2004
First Named Inventor	Matthieu Guitton
Title	METHODS FOR THE TREATMENT OF TINNITUS INDUCED BY NOISE EXPOSURE
Art Unit	
Examiner Name	
Attorney Docket Number	AUR-2001US01

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<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Jean-Luc Puel		
Signature			
Date	June 19th, 2004	Telephone	33/467 855 710

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Application Number	10/812,298
Filing Date	March 29, 2004
First Named Inventor	Matthieu Guitton
Title	METHODS FOR THE TREATMENT OF TINNITUS INDUCED BY COPIES OF COPYRIGHTED MATERIAL
Art Unit	
Examiner Name	
Attorney Docket Number	AUR-2001US01

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Remy Pujol
Signature	<i>Remy Pujol</i>
Date	June 18 <sup>th</sup> / 2004
Telephone	+33 (0)4 67 41 59 02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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